

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Koji Yanagihara, et al.

Art Unit: 3737

Serial No.: 10/723,767

: Conf. No.: 9684

Filed: November 26, 2003

: Examiner: Mehta, Parikha Solanki

For: ULTRASONIC PROBE

TRANSMITTAL

1. Transmitted herewith is:
1. Amendment Transmittal (2 pages)
 2. Amendment (10 pages)

STATUS

2. Applicant

claims small entity status.
 is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.
(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
first month	\$ 120.00	\$ 60.00
second month	\$ 460.00	\$ 230.00
third month	\$ 1,050.00	\$ 525.00
fourth month	\$ 1,640.00	\$ 820.00
fifth month	\$ 2,230.00	\$1,115.00

Fee: _____ \$ 0.00

If an additional extension of time is required, please consider this a petition therefore.

(Check and complete the next item, if applicable)

An extension of _____ months has already been secured. The fee paid
therefor \$ _____ is deducted from the total fee due for the total months of
extension now requested.

Extension fee due with this request \$ _____

OR

- (b) Applicant believes that no extension of term is required. However, this conditional

petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMDT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	ADDITIONAL RATE FEE
TOTAL INDEP	MINUS	=	x \$25.00 = \$	x \$50.00 = \$
	MINUS	=	x \$100.00 = \$	x \$200.00 = \$
	FIRST PRESENTATION OF MULTIPLE DEP CLAIM		+ \$180.00 = \$	+ \$360.00 = \$
			TOTAL ADDITIONAL FEE \$	OR
				TOTAL ADDITIONAL FEE \$

- (a) No additional fee for Claims is required

OR

- (b) Total additional fee for claims required \$ _____

FEE PAYMENT

5. Attached is a check in the sum of \$_____

- Charge Deposit Account No. 01-2384 the sum of \$ 0.00.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

- AND/OR
7. If any additional fee for claims is required, charge Deposit Account No. 01-2384.
Other: _____

[Signature]
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